



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES July 8, 2010

APPROVED
8/12/2010

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Karen Peterson	Herman Avilez	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Stephen Simon	Pamela Chiang	Kyle Baker
Robert Butler	Robert Sotomayor	Jennifer Denning	Michael Green
Fredy Ceja	Tonya Washington-Hendricks	Miguel Fernandez	Carlos Vega-Matos
Nettie DeAugustine	Kathy Watt	Aaron Fox	
Whitney Engeran-Cordova		Shawn Griffin	
Douglas Frye		Miki Jackson	COMMISSION STAFF/CONSULTANTS
David Giugni	MEMBERS ABSENT	Richard Iniguez (<i>by phone</i>)	
Jeffrey Goodman	Sergio Aviña	Ayanna Kiburi (<i>by phone</i>)	Erinn Cortez
Thelma James	Al Ballesteros	Joseph Leahy	Dawn McClendon
Michael Johnson	Carrie Broadus	Meterer Miller	Jane Nachazel
Bradley Land	James Chud	Fr. Chris Ponnet	Glenda Pinney
Ted Liso	Lee Kochems	Vicky Pulatian	James Stewart
Anna Long	Abad Lopez/Ron Osario	Ace Robins	Craig Vincent-Jones
Quentin O'Brien	Jenny O'Malley	Tania Rodriguez	Nicole Werner
Dean Page/Terry Goddard	Juan Rivera	Nancy Trinh	
Angélica Palmeros	Jennifer Sayles (<i>on leave</i>)	Jason Wise	
Mario Pérez	Fariba Younai		

- CALL TO ORDER:** Ms. Bailey called the meeting to order at 9:15 am.
A. Roll Call (Present): Braswell, Butler, Ceja, DeAugustine, Engeran-Cordova, Giugni, Goodman, James, Johnson, Land, Liso, Long, Page/Goddard, Pérez, Peterson, Simon, Washington-Hendricks, Watt
- APPROVAL OF AGENDA:**
MOTION 1: Approve the Agenda Order with the P&P Committee report moved up (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**
MOTION 2: Approve the minutes from the 6/10/2010 Commission on HIV meeting (*Passed by Consensus*).
- CONSENT CALENDAR:**
MOTION 3: Approve the Consent Calendar with Motion 4 pulled for later consideration (*Passed by Consensus*).
- PARLIAMENTARY TRAINING:** There was no report.
- PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.

7. **COMMISSION COMMENT, NON-AGENDIZED:** Mr. Johnson thanked Dr. Green and Mr. Vega-Matos, OAPP, for clearing up the problems with Oral Health laboratory fee reimbursements. They are now current.

8. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

9. **CO-CHAIRS' REPORT:**

- A. **Committee Workplans:** Mr. Braswell said the work plans will detail the committees' goals for the current year. Committee Co-Chairs can call Commission Co-Chairs if they need assistance in completing them for the August Commission meeting.

10. **EXECUTIVE DIRECTOR'S REPORT:**

- A. **Commission Annual Progress Report (APR):** The APR included in the packet is required as a Ryan White Condition of Award. This year's APR reflects the focus on responding to State cutbacks. Latino recruitment continues to be a challenge.
- B. **Miscellaneous:** Mr. Vincent-Jones reported Julie Cross has ended her Commission affiliation and will be spending her consulting time with OAPP to assist with Health Care Reform implementation. Ms. Cross has provided significant assistance for two years with benefits issues such as development of the Benefits Specialty Standard of Care and RFP, advocacy for the Health Insurance Premiums/Cost-Sharing service, assistance with the Medicare Part D "donut hole" issue, various briefs and the State budget.
- He noted five workshops and two posters have been accepted for the August All Grantees meeting. He will attend along with Ms. Bailey, Mr. Ceja and Dr. Younai. He thanked OAPP for funding two of the attendees.

11. **STANDING COMMITTEE REPORTS:**

A. **Priorities & Planning (P&P) Committee:**

1. **FY 2011 P-and-A Setting Process:**

a. **FY 2011 Allocations:**

- Mr. Goodman presented FY 2011 allocations. He emphasized percentages decrease when funding is stable, but total funding increases since the percentage is calculated from a larger total. Ryan White Part B funding from the State increased with the shift to Single Allocation Model (SAM). In the shift, the State reduced funds, cut previously directly-funded services, and allocated remaining funds to jurisdictions via the SAM.
- Allocations are for Part A and B (SAM) funding, but not separately allocated Minority AIDS Initiative (MAI). MAI provides significant funding for Case Management, Medical; Oral Health; and Early Intervention Services (EIS).
- Allocation-setting considers other funding streams since Ryan White constitutes funding of last resort.
- P&P developed funding scenarios in the past for greater or lesser funding. In retrospect, P&P decided that any funding change warrants review. These allocations assume flat funding. P&P will reconvene if that changes.
- OAPP presents recommendations to P&P as the administrative agency. It recommended flat funding for most categories in FY 2011 to stabilize the system in light of the past year's tumultuous State budget cuts and restructuring.
- OAPP plans an aggressive RFP schedule, so also seeks a stable system until new services are contracted. The Chief Executive Office now requires a completed Board Letter 90 days prior to presentation at the Board for contracts or contractual changes beyond OAPP's delegated authority, which slows potential changes.
- P&P agreed with the OAPP recommendation to increase funding for service categories as follows:
 - ⇒ **Case Management, Home-based:** Increase from 0.8% to 6.8% to fund six of eight providers whose previous State funding was cut. OAPP was able to assist the six providers with which it also had contracts. Funding is not increased, but is shifted to Part A which also helps meet the 75% core medical requirement.
 - ⇒ **Mental Health, Psychiatry:** Increase from 2.5% to 2.9%. OAPP worked with providers over four years to identify additional psychiatrists to meet expressed need. This supports success in increasing capacity.
- P&P also agreed with OAPP recommendations to reduce percentages to service categories which are currently underspent. Contracts themselves remain the same. The affected categories are: EIS, which is also funded by MAI; Mental Health, Psychotherapy; and Hospice/Skilled Nursing, which currently has just one provider. OAPP plans to address Hospice/Skilled Nursing underspending with its upcoming Residential RFP.
- The table reflects other percentage decreases, but they are the result of percentages drawn from larger total funds, e.g., Medical Outpatient is reduced from 59.5% to 57.3%, but actual contract funding remains constant.
- P&P agreed system stabilization was important for reasons noted and for establishment of revised services.
- P&P chose to allocate to Medical Care Coordination (MCC) which combines Case Management, Medical and Psychosocial. It cannot be implemented until late in FY 2011, but the Committee felt it was important to begin the shift at the start of FY 2011, even though services will take longer to migrate. Pending implementation,

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OAPP will utilize funds under existing contracts for the two case management services until MCC has been launched.

- Outreach is also an important MCC component. The separate category can be used to supplement MCC, other relevant services, or function alone. P&P chose not to fund it this year, but plans to do so in FY 2012 once MCC implementation provides better information on remaining need. All standards include a minimum expectation of some outreach which will vary by provider, service resources, and needs of particular populations.
- Treatment Adherence is also inherent to MCC. Treatment Education (TE) is a separate, supplemental service with no current contracts. Mr. Pérez noted OAPP continues to seek ways to support TE where needed.
- Commissioners stated conflicts of interest before voting on the allocations unanimously recommended by P&P:

Service Category	FY 2011 Rankings	Proposed FY 2011 Allocations	OAPP Recs	FY 2010 Allocations
Medical Outpatient/Specialty¹	1	57.3%	57.3%	58.5%/¹
AIDS Drug Assistance Program (ADAP)/ADAP Enrollment	2	0.0%	0.0%	0.0%
Oral Health Care	3	3.7%	3.7%	3.7%
Health Insurance Premiums and Cost Sharing	4	1.0%	1.0%	1.0%
Local Pharmacy Program/Drug Reimbursement	5	0.0%	0.0%	58.5%/¹
Benefits Specialty	6	2.0%	2.0%	2.0%
Medical Care Coordination	7	7.7%²	NA	NA
MCC – Case Management, Medical		NA	1.2%	1.5%
MCC – Case Management, Psychosocial		NA	6.5%	7.6%
Mental Health, Psychiatry	8	2.9%	2.9%	2.5%
Mental Health, Psychotherapy	9	5.3%	5.3%	6.5%
Substance Abuse, Residential	10	5.9%	5.9%	6.5%
Early Intervention Services	11	2.0%	2.0%	3.2%
Case Management, Housing	12	0.0%	NA	0.0%
Residential, Transitional and Permanent	13	0.0%	0.0%	0.0%
Case Management, Home-based	14	6.8%	6.8%	0.8%
Substance Abuse, Treatment	15	0.0%	0.0%	0.0%
Treatment Education	16	0.0%	0.0%	0.0%
Nutrition Support	17	1.0%	1.0%	1.0%
Medical Nutrition Therapy	18	0.0%	0.0%	0.0%
Medical Transportation	19	1.7%	1.7%	1.7%
Skilled Nursing	20	1.5%³	1.5%³	2.0%³
Home Health Care	21	0.0%	0.0%	0.0%
Hospice	22	1.5%³	1.5%³	2.0%³
Legal	23	0.0%	0.0%	0.0%
Outreach	24	0.0%	0.0%	0.0%
Case Management, Transitional	25	1.2%	1.2%	1.5%
Workforce Entry/Re-entry	26	0.0%	NA	0.0%
Direct Emergency Financial Assistance	27	0.0%	0.0%	0.0%
Child Care	28	0.0%	NA	0.0%
Health Education/Risk Reduction	29	0.0%	0.0%	0.0%
Counseling and Testing in Care Settings	30	0.0%	NA	58.5%/¹
Language/Interpretation	31	0.0%	0.0%	0.0%
Peer Support	32	0.0%	0.0%	0.0%
Rehabilitation	33	0.0%	0.0%	0.0%
Referrals	34	0.0%	0.0%	0.0%
Respite Care	35	0.0%	0.0%	0.0%
Psychosocial Support	36	0.0%	NA	0.0%

Bolded services are core medical services.

¹ Medical Outpatient/Specialty services include Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings.

² Includes Case Management, Medical and Case Management, Psychosocial.

³ The allocation is combined for these two service categories.

- Mr. Goodman reported the Committee would review the following at its 7/20/2010 meeting, 1:30 to 4:30 pm: directives including recommendations, guidance and expectations for application of funding; any appeals of allocations based on new information; and evaluation of this year's P-and-A process.

MOTION 4: Approve the FY 2011 allocations, as presented (*Passed: 20 Ayes; 0 Opposed; 0 Abstentions*).

2. **FY 2009 Financial Expenditures:**

- Ms. Watt called attention to the reports as of 2/28/2010 in the packet. P&P has the responsibility to review expenditures. These were reviewed in Committee, but are not complete as the year has not yet been closed out.
- P&P determined the format was confusing. Mr. Vincent-Jones has since met with Dr. Green, David Young and Juhua Wu, OAPP, and Ms. Pinney to improve the format, e.g., to clarify variances of under- and overspending..
- The new format will be presented in August. All invoices should be received by then, so the year can be closed out.

3. **2010 LA Countywide HIV Needs Assessment (LACHNA):** Mr. Vincent-Jones reported the HIV Epidemiology Program will be conducting LACHNA on the care sections this year, in preparation for the new Comprehensive Care Plan. Work will begin in the Fall.

B. **Standards of Care (SOC) Committee:**

1. **Evaluation of Service Effectiveness (ESE):**

a. **Provider Surveys:**

- Ms. Palmeros noted the Medical Outpatient and Oral Health surveys in the packet. Mr. Vincent-Jones said distribution is being arranged. OAPP is helping the Commission put them on SurveyMonkey.
- Mr. O'Brien asked about survey development. Mr. Vincent-Jones said the Balanced Scorecard Methodology was used which reviews financial, customer service, internal and learning/growth perspectives. SOC interpreted those domains as cost-effectiveness, consumer satisfaction, outcomes, and best/promising practices, respectively. The Committee then identified perspective indicators, weighted them, and assessed data was available for those purposes, either direct or surrogate data, e.g., OAPP is providing a majority of the data needed for health and patient outcomes in aggregate from PBCM monitoring. LACHNA data was used for consumer satisfaction. Cost effectiveness will rely on a capacity resource model created specifically for this purpose, and will use utilization and cost data from CaseWatch.
- The surveys ask the providers to report data that cannot be found elsewhere. One or two questions per service category ask for information related to health or patient outcomes. A majority of the survey asks for provider responses in the last area, the frequency of use of particular best/promising practices. HIV Epidemiology Program reviewed the literature to identify the practices, which based on the reliability and application of the research was then categorized as a "best" or "promising" practice (with "best" practices weighted more). The SOC Committee, encompassing several professionals in these fields, then identified additional promising practices. The category of best/promising practices accounts for just 10% of the score, but can guide development by exploring provider approaches. It can identify new approaches, but also practices that have become common and should be integrated into the standards.
- Mr. O'Brien felt data requested would be valuable, but that few agencies could gather it effectively. Though estimates are acceptable, he questioned their value and felt agencies should be able to decline select questions.
- Mr. Vincent-Jones said MCC survey experience was that providers were responsible with estimates. Data about the frequency of using best/promising practices is likely unavailable because research in the area is so limited; that why the only way to start collecting the data is to ask the providers for it, even if it is only estimates. He noted that data collection in this fashion is the only way the Committee can start exploring this area of service delivery. SOC will follow-up to evaluate trends and seek more provider information if needed. Best estimates were preferred to no data at all.
- Questions which do not offer an estimate option pertain to data that should be available in the system, and is intended as verification or to be used as a quantifiable denominator.
- Mr. Pérez said he had previously expressed that this is more congruent with OAPP Performance-Based Contract Monitoring (PBCM), but that prompted little Commission feedback. He is concerned with provider burden and OAPP has worked with the Commission to develop as amenable a survey as possible. OAPP has found significant incongruence with CaseWatch and electronic record data. Staff now pulls charts to confirm data.

- Mr. Vincent-Jones says ESE is intended to measure how effectively services are being delivered and the system of care is operating, which is different than the quality of care that PBCM measures. While they both are important measures, they are not necessarily redundant. All the same the SOC Committee has gone to extraordinary effort to use existing data when available in order to reduce duplication of effort and the burden on the providers and the administrative agency. Legislation and HRSA guidance intends that ESE be a planning council role. Legislation and HRSA guidance also intends outcome evaluation and cost efficiency to be a joint ESE responsibility with the administrative agency. The Commission has worked closely with OAPP in those internal and financial domains.
- He added that in the future he and OAPP staff have discussed the possibility of selecting common indicators for the two efforts to further reduce duplication of effort and maximize resources.
- Mr. Engeran-Cordova said some questions would require significant time to answer, e.g. the number of treatment naïve patients who received genotype testing in the last year. He recommended independent analysis of data already collected by OAPP through current Coordinated Contract Monitoring.
- Ms. Palmeros said the Commission has requested additional data for planning for years. This is a start.
- Surveys are contractually required, but service clusters will rotate on a seven-year examination cycle.
- Mr. O'Brien recommended starting with available contract monitoring data. Test cases could be developed to sample information for identified gaps. Such data would be more reliable than data drawn more loosely from providers of varying sizes and data collection systems. He added there is an HIVQUAL sampling methodology which is inconsistent with the 15% sample offered as an alternative to providing actuals. He noted the HIV Medical Outpatient Caucus (H-MOP) could have provided this feedback earlier had it been asked.
- He added it is important to ensure a firewall between this data and the upcoming Medical Outpatient RFP to ensure providers feel free to answer honestly since many questions could be construed as performance-related.
- Ms. DeAugustine said collecting valid data for providers without an electronic system would be very hard. She felt an alternate approach must be available and encouraged all providers to participate in developing it.
- Mr. Vincent-Jones emphasized the ESE is not about contract evaluation as the PBCM is. Instead, it is to evaluate the overall system. PBCM data will be used when it's applicable as current OAPP data is being used for most internal perspective indicators. Questions reflect data not collected, and there is very little data, if any, collected systematically to determine which and how often best practices are used. While time periods of a year or three months are designated, providers are allowed to select which time period to use to provide flexibility.
- He noted steps in survey development have been presented to the Commission over the course of a year and surveys were in last month's packet. H-MOP members helped develop both the methodology and the questions.
- Mr. Butler noted consumers have to fill out hard forms with little assistance every year. Mr. Land added that both SOC and P&P need good evaluations to ensure good services. No tool will be perfect, but we must start.
- ➡ Return to SOC Committee for review. SOC will present at the next H-MOP meeting. Providers can also attend the SOC Committee meeting on the first Thursday of the month or email feedback to Ms. Palmeros.

2. **Standards of Care Policy and Procedures:**

- These were opened for comment the prior month. Subsequent SOC changes are highlighted in yellow in the packet.
- Mr. Vincent-Jones noted key revision themes are monitoring standards implementation through review of OAPP service descriptions and strengthening language on standards as the cornerstone of the Continuum of Care (COC).
- Standards ideally would be available for every COC service. There are standards for every service offered now or previously as well as some not now offered or not eligible for Ryan White funding.
- Language was clarified about the planning council's (Commission) responsibility to develop standards in consultation with the administrative agency (OAPP), e.g., OAPP representation is included for Expert Review Panels (ERPs).
- Overall ERP selection and process were also outlined.

MOTION 5: Approve the Standards of Care Policies and Procedures, as presented (*Passed as part of the Consent Calendar*).

C. **Joint Public Policy (JPP) Committee:**

- Mr. Engeran-Cordova reported there are over 1,900 PWH nationally on ADAP waiting lists. The number is growing.
- Senator Tom Coburn questioned Kathleen Sebelius, Secretary, Health and Human Services (HHS), on the ADAP issue. Her letter in response said HHS is re-allocating \$25 million in existing resources for this year's projected ADAP needs.
- Community members and many national organizations have advocated for \$126 million.
- Mr. Simon was concerned California's General Fund ADAP supplement may undercut national perception of existing need here. Mr. Engeran-Cordova confirmed few states provide as much support. The South Carolina Legislature, e.g., cut all ADAP and other funds though some was restored. It is likely states with greatest need will be helped first.

- Mr. Pérez, OAPP and member of the Presidential Advisory Council on HIV/AIDS (PACHA), reported on a recent PACHA conference call open to the public. PACHA then resolved that the President and Secretary Sebelius support a \$126 million allocation for ADAP nationwide and that HRSA support a more sustainable approach to ADAP.
- He supported some public suggestions for improving ADAP such as a single payor for pharmaceutical companies and pushing companies to review pricing. Increasing prevention from 4% of HIV/AIDS funding is also critical to stem need.
- ➡ Agendize discussion of the National AIDS Strategy at the first Commission meeting after its release.
- 1. **Federal Health Care Reform:** Implementation has not yet begun.
- 2. **State Budget 2010-2011:** There has been no progress on the budget.

D. Operations Committee:

1. **Membership Nominations:** Mr. Johnson reminded Commissioners with expired seats to apply or risk losing their seats. **MOTION 6:** Nominate Carla Bailey to the District 2 Consumer seat, Brad Land to the District 5 representative seat, and Jennifer Sayles to the Part B seat, and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).
2. **Commission Representation Policies/Procedures:**
 - Mr. Johnson called attention to the new Policy/Procedure on Commission Representation at Conferences, Meetings and Other Sanctioned Events in the packet. It will be out for public comment until 7/31/2010.
 - The Policy/Procedure provides a transparent selection approach for Commission representatives in a time of multiple meetings and limited funds. Commission Co-Chairs and the Executive Director have previously chosen attendees, but there was no formal process for doing so. HRSA strictly limits funding for meeting attendance.
 - There is also an accompanying Application for Unaffiliated Consumer Participation in Conferences, Meetings and Other Sanctioned Events. It is limited to unaffiliated consumers, as others are usually able to find other resources.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

A. PPC Overview:

- Mr. Giugni reported last week's PPC meeting heard a colloquia, "Sistah Are You Down with the T?" on a capacity building program in Northern California that assists HIV prevention programs targeting transgender communities.
- The Ad Hoc Subcommittee on restructuring made recommendations in lieu of reduced funding. The PPC adopted the recommendations which include: reduce monthly full and subcommittee meetings from six to four; reduce hours for full meeting; and create new subcommittees to streamline activities for better efficiency and coordination.
- The PPC charged the Ad Hoc Subcommittee with developing ways to improve community participation in work on the next Prevention Plan and review of joint Commission-PPC committees/groups to improve collaboration.
- Final recommendations will be made at the 8/5/2010 PPC meeting.

14. STATE OFFICE OF AIDS (OA) REPORT:

- Ms. Kiburi, Chief, HIV Care Branch, reported no progress on the budget, but furloughs ended 6/30/2010 so OA has resumed a normal Monday - Friday schedule until further notice.
- OA convened the California Planning Group for its second meeting 6/16-17/2010. Outcomes included an agreement to develop an integrated care and prevention plan to guide OA and reflect the national integration strategy. A plan outline and work groups were developed. A timeline for completion in late 2011 was also developed.
- Collaboration continues with the Department of Corrections and Rehabilitation Transitional Case Management Program. The goal is to improve capacity and encourage local health jurisdictions to make connections with community-based social workers so that newly released HIV+ inmates make connections to integrate into care within 90 days.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) has set aside funds for HIV testing and care for those in treatment. OA is working with the Department of Alcohol and Drug Programs (ADP) to develop a pilot for counseling and testing in care. OA is providing training and technical assistance to ADP to begin entering data in OA's data systems. The initial focus is on testing, but OA encourages stakeholders to leverage the resources for care where appropriate.
- Mr. Iniquez, Chief, CARE/HIPP, reported the program is being reviewed for potential areas of improvement and expansion particularly in lieu of Health Care Reform aspects such as the High Risk Pool.
- ➡ Ms. Kiburi will send details of ADP training and technical assistance to Mr. Vincent-Jones.

15. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez, Director, OAPP, reported release of the National AIDS Strategy is anticipated 7/6/2010. OAPP will put it on their website and it will be available at www.whitehouse.gov.

- HIV Testing Week, 6/27-7/3/2010, data is preliminary. There were 58 tests in a Malibu event tied to Black Gay Pride. It was the first time the CDC and local providers joined in a public event for nucleic acid testing which helps identify those whose antibodies have not yet developed enough for identification with the rapid test. Over 40 testers also tested for syphilis.
- Regarding the State budget, he urged special attention to ADAP funding since the County uses about 40% of total funds.
- Multiple RFPs are at various stages of review. Specifics are not yet available, but it is an OAPP priority.
- Mr. Johnson asked about the report on issues raised at Consumer Caucus Meet the Grantee meetings. Mr. Pérez said OAPP was working on this, but was concerned about release of agency-specific data as some allegations have not been substantiated to date. OAPP has also developed corrective action plans on some issues, but has not determined how to report them.
- Mr. O'Brien noted DHS planned to present restructuring scenarios to the Board on 7/6/2010. They reflect State cuts and would impact medical care especially specialty services. He asked if they would affect OAPP. Mr. Pérez felt they would not.
- Mr. Pérez will provide full results of HIV Testing Week at the next Commission meeting.
- Mr. Vincent-Jones, Mr. Johnson and OAPP will develop a report on Meet the Grantee issues using aggregate data as needed.

16. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye, Director, reported about 45,000 HIV and AIDS cases reported to date.
- Ms. DeAugustine, Dr. Frye, Mr. Baker and Mr. Vincent-Jones and others are working on AB 2541 which would allow electronic reporting of HIV cases and laboratory reports as well as addressing some program collaboration issues. Support is widespread.
- The CDC is reviewing eHARS in California and other states that have local and state physical servers. The process is not working very well and will probably be supplanted by a secure data network. AB 2541 would be necessary to do that.
- Dr. Robert Kim-Farley, MD, Director, Communicable Disease Control and Prevention Division, Public Health, is now in charge of HIV data. Dr. Kim-Farley's Division includes HIV, STDs, TB, Acute Communicable Disease Control and the Public Health Laboratory. The change allows a potential framework for secure, confidential sharing of data across programs so public health action can be data-driven, e.g., early treatment contact.
- Requests for data have increased, but the County process has become more complex. All requests must be approved by the Chief Executive Office and County Counsel. The IRB process is used for any requests but not for surveillance purposes.
- The presumed heterosexual risk category work is continuing. A meeting with CDC and surveillance coordinators nationwide is planned later in the month. Expanding the category for women is already done in the County, but the hope is to expand it nationally so that fewer women will be categorized as unidentified risk. A report is expected this month.

17. CONSUMER CAUCUS REPORT: The Caucus met after the Commission.

18. BENEFITS REPORT: There was no report.

19. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

20. TASK FORCE REPORTS: There were no reports.

21. SPA/DISTRICT REPORTS: Mr. Butler reported the Care Clinic at St. Mary's Hospital, Long Beach, has re-launched its monthly e-newsletter. The Care Clinic is also the SPA 8 CAB. He encouraged people to sign up or confirm their registration.

22. COMMISSION COMMENT:

- Ms. Watt reported the interim guidance for syringe service programs was released by HHS in coordination with SAMHSA and the CDC. The ban on syringe service programs was lifted in January 2010.
- Mr. Engeran-Cordova said the AHF Testing Across America project concluded testing across 48 states with events in all five boroughs of New York City on National HIV Testing Day. 4,800 people were tested in six months with an average 1.7 sites per state. 27 HIV+ were identified with 24 now confirmed in care. The testing van is now going to the NAACP Convention in Kansas City. A blog has been created and photos of heroes met along the way will be exhibited in August 2010.
- Mr. Liso complemented the open discussion on the provider survey. He felt such discussions help inform consumers.

23. ANNOUNCEMENTS:

A. **CHIPTS Advisory Council:** Membership application is open until 8/1/2010. The form was in the packet.

24. ADJOURNMENT: Mr. Braswell adjourned the meeting at 12:40 pm in memory of Oscar Reconco, an early HIV/AIDS advocate who worked with Cara a Cara and the Sunset Free Clinic, and James "Skip" Boyd, a 21-year survivor, advocate and caregiver.

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- A. Roll Call (Present):** Bailey, Braswell, Butler, DeAugustine, Engeran-Cordova, Frye, Giugni, Goodman, James, Johnson, Land, Liso, Long, O'Brien, Page/Goddard, Palmeros, Pérez, Peterson, Sotomayor, Washington-Hendricks, Watt

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the minutes from the 6/10/2010 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve the Consent Calendar with Motion 4 pulled for later consideration.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 4: Approve the FY 2011 allocations, as presented.	<i>Ayes:</i> Bailey, Braswell, Butler, Ceja, DeAugustine, Engeran-Cordova, Giugni, Goodman, James, Johnson, Land, Liso, Long, O'Brien, Page, Palmeros, Peterson, Simon, Washington-Hendricks, Watt <i>Opposed:</i> None <i>Abstention:</i> None	MOTION PASSED Ayes: 20 Opposed: 0 Abstentions: 0
MOTION 5: Approve the Standards of Care Policies and Procedures, as presented.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED
MOTION 6: Nominate Carla Bailey to the District 2 Consumer seat, Brad Land to the District 5 representative seat, and Jennifer Sayles to the Part B Fiscal Agent seat, and forward to the Board of Supervisors for appointment.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED